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FRESH AIR

"Treat patients suffering from Pulmonary Tuberculosis with abundance of fresh air whenever practicable; treat patients suffering from Pneumonia with abundance of fresh air whether practicable or not." This aphorism is from Lord Horder's "Medical Notes." The majority of the medical profession will agree with this statement, and in general all Tuberculous conditions, whether of the Respiratory systems or not, are now treated in the open whenever conditions permit. It is reasonable to suppose therefore that other diseases may also improve with fresh air.

As yet there is no indication as to the nature of the healing factor in the fresh air, and as far as one can estimate now it is not due to any change in the respiratory gases in the atmosphere. In a densely congested room the Carbon Dioxide rises by about 0.1%, yet experimentally it can be raised by 1% with no complaint of stuffiness, only a little hyper-ventilation. Similarly the lowering of the Oxygen content is only by 0.1% in a crowded room and yet airmen fly at 10,000 feet with a reduction of about 30% in the Oxygen tension. Another aphorism of Lord Horder's has a bearing on this; "In the treatment of Pneumonia no amount of Oxygen inhalation is likely to balance the deleterious effect of shut windows, a gas fire, a crowded room, and the patient's bed in a cul-de-sac." Moisture is also believed to make a room stuffy and unhealthy, but it has been found that if the relation between the moisture, temperature and convection (the Effective Temperature) is kept constant the more fresh air there is, the less the sensation of stuffiness. There must be some other factor in the atmosphere which determines whether it is refreshing or not. It is possible that this same factor determines why the atmosphere is more bracing in the country than in the city, and it raises the problem as to whether it is as beneficial to the patient to be treated on the Balcony at Bart.'s as out on the verandah at Hill End. At this time when there is so much discussion on reconstruction, and when so many London Hospitals will have to be partially rebuilt, it may be well to consider the possibility of having part of the hospital out in the country.

It is extremely difficult to ascertain whether patients other than those suffering from Tuberculosis or Pneumonia do better in the city or in the country. The peace and quiet of the country is certainly more conducive to rest; an essential factor in hospital treatment. While minute variations are constantly being worked out to improve the more active medical treatment, this silent factor which often treats the patient in spite of our efforts, deserves careful consideration. In the country the surroundings are more pleasant, especially during the summer months. It has been noticed that when the weather is bright and the patients can be pushed out into the gardens that they definitely improve and become happier in themselves; their faces acting as a reflection of their surroundings. It is very difficult to find any explanation for this change without evading the issue by ascribing it to a psychological factor, hoping thereby to pass the responsibility on to others. On the other hand it is held that the patients might prefer the more pleasant surroundings and subjectively they may feel less ill, but that is no indication that the final result will be affected or hastened. Whether there is any scientific proof or not that the country air does improve health, there is

certainly a universal conviction to that effect among laymen. People who have been in cities all their lives love to take a trip out to the pure air of the country or to benefit by the "ozone" of the seaside; being unaware that a 2d. ride on the Underground will give them more ozone than they will ever get by the sea. As an indication of the strength of this conviction, of the patients asked nearly all have said that they would prefer to be in a country hospital to one in the city, provided it was within easy and cheap reach of London. Their reason was that they considered the air was more healthy and that it was quieter. The force of the psychological suggestion of improvement in health must in fact benefit their condition in the same way as suggestion can make a healthy individual physically ill. The benefit derived from treatment in the open cannot be entirely attributed to the "psychological factor." It has been found that in the treatment of children, that when they are evacuated out the country where they can easily be treated in the open air they soon show signs of improvement. This improvement is said by physicians working in the country to be greater than that which they would have made in the ward at Bart.'s, but is hotly denied by the physicians working in town, and is against the general experience of children's hospitals. It can scarcely be held that they are under the influence of the suggestion that they will improve in the country. The only other possible explanation is that the firm conviction on the part of the physician can induce the desired effect in the patient. If this can be substantiated the whole idea of country treatment will fall through and with it the very raison d'être of the medical profession.

A. J. Cronin, in his book "The Citadel," advocates that the hospitals should be out in the country with just a clearing station in the heart of the city, equipped for emergencies only, and with an efficient tube service to carry patients out to the country as soon as possible. It is doubtful whether the advantages of country treatment would warrant such a step; especially as probably most of the shorter illnesses will get better under medical or surgical treatment no matter what the atmosphere is like. Further it would be unsatisfactory to have the clinical part of the medical school evacuated, because of the inconvenience of having the school split, thereby hindering co-operation and intimate contact between the members of the various departments. For the more junior members of the staff it would mean isolation from many of the senior members, and for the latter isolation from one another both within this hospital and from the staff of other hospitals.

To enucleate the position, therefore, it is undoubtedly desirable that patients suffering from Tuberculosis and Pneumonia should have the opportunity of treatment in the country. For other cases, especially chronic ones, it is probable that they could improve with treatment in the country; whether this is due to more favourable conditions of rest, or to the effect of suggestion, or to some other factors, is unknown. On the whole it appears desirable that in the period of reconstruction after the war, that rather than expanding and rebuilding entirely in the cities, there should be another hospital in the green belt within easy access of the mother establishment.

CAVEANT CONSULES

By V. C. Medvei

The importance of post-war planning is self-evident and generally recognised. Many political and expert bodies appointed special committees and persons of outstanding experience and repute to draw up blue-prints for a better new world.

In this new world freedom from fear and want should exist, together with freedom of speech, thought and creed. This implies that a major part of the ideal, but enormous task for creating such a world will fall on two professions: on the educational and on the medical. This is why the Atlantic Charter found its natural sequel in the Beveridge Report; and the author of the latter made it quite clear in a speech at Oxford on December 6th, 1942, that Five Giant Evils have to be attacked: Want, Idleness, Disease, Ignorance and Squalor.

The medical profession responded nobly and quickly as usual by offering two interim reports on post-war medical planning, after a very frank discussion on the question of state medicine.

It is, therefore, with some reluctance that I dare add my voice to those of so many men, much better qualified than I am, in drawing

attention to a point which appears to have been not sufficiently stressed. This is that the medical profession should in future have more say in the actual administration of their tasks and immense responsibilities than they had hitherto. It is an undeniable fact that our responsibilities exceed by far the recognition of our advice. As regards responsibilities, what is expected from us? Every medical man is supposed to have a sound knowledge of diseases, how to detect and how to treat them. Far beyond this, every one of us, General Practitioner, Public Medical Officer and Specialist alike, is burdened with many other tasks of importance. The Practitioner is the family doctor, friend and adviser in the rearing of children, often in their upbringing, education, in the choice of their profession, in marriages and in many other problems. The Public Medical Officer is particularly concerned with preventive medicine, Hygiene, social medicine and welfare in general. Lastly, it falls to the lot of the Specialist to go into the intricacies of medical, and often physical and chemical research, and to educate, teach and examine the future medical generation. All these tasks require many accomplishments, the most important of which are humanity, kindness, patience and understanding, and a quick, versatile mind.

Moreover, all medical men and women have to profess to the highest ideals, display high ethical standards, and to be ready for very hard work and great self-sacrifice.

It is a little surprising to find, therefore, that this profession which is at least equal in importance to the professional groups entrusted with the questions of higher administration, with the application of justice and law, and with education, is not given the same chances of administering their own tasks as the others are.

The proverbial supreme standard of British Justice, is, in my opinion, mainly due to the great independence of this important branch of public service from any non-professional interference and the self-administration of judicial affairs. Yet the medical profession is not so lucky. In all the countries where the value of education and justice are recognised the medical profession has a similar high standard. Most of these countries possess an elaborate public health and social welfare system, headed, as in the United Kingdom, by a State Health Department under a responsible Minister. The Minister is in most cases a politician. He is, therefore, rarely a professional man; but his right-hand men, the Permanent Secretaries or their equivalent ranks in other states, are also and nearly always non-medical men. Why is this so? Because it is an unfortunately and, I believe, incorrectly accepted fact that a medical man who is good in his profession is a bad administrator, or at least disinterested in this field of work. In one of the Central European states (not Germany) well known for its medical achievements in the past, it was common to ridicule the Public Medical Officer by saying that he is a man unable to fulfil the tasks of a good doctor or of an efficient civil servant either. I will give one example of a similar view which seems to exist also in this country, in spite of the splendid work of the British Public Medical Service at home and abroad.

In a collection of essays on Civil Service ("The British Civil Servant" compiled by W. A. Robson, Geo. Allen & Unwin Ltd., London, 1937) Sir Ernest Simon deals with the chief officers of the Local Government Civil Service. Writing about the choice of a Director of Education, he requires three qualifications: Experience in teaching, experience in administration in an education department, and possibly a university degree. He then proceeds to discuss the Public Health Committee. I cannot help quoting him:

> "Now neither medical training nor medical experience, apart from general mental training for what it may be worth, give any of the kinds of knowledge or skill or experience needed for administration. At the age of thirty the young doctor in the public health service is quite inexperienced and uneducated as an administrator. His whole training, and probably his interests, lie in a different direction; he has almost certainly become largely set in his habits, interests, and outlook. Surely he is much less likely to become a competent administrator than a man who has made administration his aim and interest from the age of eighteen, and has spent much the greater part of his time and energy in acquiring the right knowledge and experience.
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> "One further point: able young men, with scholarships and doctorates, are choosing the career of educational administration, and devoting themselves wholeheartedly to it. There are hardly any scholarships to the universities for medicine; its study is therefore confined to the few who have money behind them. Then, after graduation, the best of the medicals are said to tend to go into consulting work, where the rewards may be greater than in public health.
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> "It would seem clear, therefore, that to confine the headship of a Public Health Committee to a doctor is greatly to limit the field of choice, and to insist on training and experience definitely unsuitable to administration. This is confirmed by the almost universal opinion I have found among competent judges, that, in general, public health committees are markedly inferior in the quality of their administration to education committees.
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> "If this be correct, the remedy is clear. The appointment of head administrator should be given by the Public Health Committee to the best available man with the best administrative training. The

medical officer of health must, of course, carry out his statutory duties, and must be head of the purely medical work. But the immense administrative task of controlling the hospitals, sanatoria, clinics, the infant welfare centres, and so on, should be entrusted to the best administrator. The permanent secretary of the Ministry of Health is a layman; the doctors work under him for administrative purposes. There is no reason why they should not do the same in local government. Such an arrangement, if wisely carried out, would set the doctors free to deal with the medical work for which they are trained and fitted, and would in most cases certainly make the whole work of the department both cheaper and more efficient."

Sir Ernest Simon, one time Lord Mayor of Manchester, and one time Parliamentary Secretary to the Ministry of Health, is certainly a man of great experience in business and public affairs; it has to be assumed, therefore, that his opinion is not merely an individual one. This does not necessarily mean that it must be correct. It seems to me a misstatement to say that there are hardly any scholarships in medicine; consequently only people with money can take up its study. As regards medical men being soon set in their habits, interest and outlook, and not versatile, I think the opposite to be true. I was greatly impressed when visiting an exhibition of paintings and photographs by students and doctors of St. Bartholomew's Hospital just before war started. It was a display of a very high artistic standard, and—I would like to stress this particularly—not only of quality, but of an amazing and quite unexpected quantity. The theatrical interests and abilities of the medical staffs of all the teaching hospitals are too well known to be detailed here. For many years Vienna had an orchestra consisting entirely of doctors giving many good public performances. Many medical men are well known authors on all sorts of non-medical subjects. To mention novelists like A. J. Cronin, Axel Munthe, playwrights like A. Schnitzler, essayists like the late Sir Wilfred Trotter, the late Sir William Osler, biographers like the late Harvey Cushing, Sir Henry Bashford, means only a very few names taken at random. Yet it is usually overlooked, or not known at all that any medical man who intends to publish the shortest case report in a medical journal has to show good style. His teachers, his chiefs, and —last but not least—the extremely able editors of our journals are very vigilant to achieve a smooth and literary, yet brief, clear and legible expression of the medical thought. Logic, simplicity and beauty of style characterise the textbooks of our most famous men. Sir T. Clifford Allbutt found it necessary to write a special treatise, a whole book giving advice how to achieve all these characters in medical writing. Yet Sir Ernest Simon speaks about the medical education as if it offered little else but knowledge of technical details "apart from general mental training for what it may be worth." At most universities the medical student has, prior to his mere technical training, to study a great number of general subjects. Later, while actually practising medicine, it is surprising to find what a number of medical people there are with an expert knowledge of a great variety of subjects.

Recently, the psychological outlook gives an ever widening aspect to the whole of medicine, affecting the General Practitioner as well as the theoretician and the teacher. The knowledge of social conditions, of working methods in factories is indispensable for the panel doctor as well as for the highly specialised industrial medical officer. Sport and physical training, cooking and dietetics are other special branches now generally recognised as belonging to the orbit of medicine. Sir Ernest Simon complains of the lack of interest in statistics among administrators and Public Medical Officers. Yet the medical profession was one of the first to take up the study and application of statistics, as the numerous textbooks dealing with medical statistics prove. Every article, every book on questions of heredity, or of public health is based on sound statistical principles.

Sir Ernest Simon wants administrative officers to be interested in the work of their colleagues abroad. What profession did more to get in touch with their brethren abroad than the medical? Journals in all important languages are available and read by medical men. Young men are encouraged to study foreign languages, to go abroad as exchange students. Congresses are attended in ever increasing numbers not only by specialists but also by practitioners if it is economically possible, and I know of many a doctor who gave up his much needed holiday to do so.

Are we then really so utterly incapable of administering our own affairs? Are we really lacking the broad humane view? Is ours not an "open" profession, are the examinations not open examinations, our methods not open and accessible to everybody, our aim not to help everybody regardless of means, class, creed, race, or colour? Why is it then, I ask, that the public has such an incorrect opinion about this profession?

The answer is, I believe, that we do not have what is called a Public Relations Officer. I think his task not to be so important with a

view to creating a public opinion, and even less in making propaganda, as preventing the creation of wrong ideas. I do not think that the majority of films dealing with medical life and career at present are very commendable. Most of them do not appear even flippantly amusing to me, and I do not feel for one moment that they reflect the real facts about the struggle, the sacrifices, the ethics, the beauty, and the satisfaction of our profession. The Government Departments, the semi-public services like the B.B.C., and even the Army, Navy and Air Force have recognised the value of the Public Relations Officer who with infinite tact attempts to help the public to form a true idea about their departments, and one which reflects their work correctly. The medical profession still lacks a similar institution.

It would be, therefore, an important and wise step if such an office or position could be created by the medical profession for the guidance of the views and ideas put forward about us to the public we serve.

Secondly, the leaders of the profession should insist on the recognition of its ability to administer all medical affairs. Whether the future belongs to State Medicine, or not, I cannot decide; but surely we will do a better service to the public in either case if we are made fully responsible for our work. Two objections might be raised at once. Is it not a fact that medical Superintendents of hospitals are frequently unpopular with their staffs? In the first place, this is by no means general, and neither are lay-secretaries or administrators always very popular. Secondly, it appears that for medical institutions of all types the "parallel organisation" is much more suitable than the "hierarchic" one, if I may use the terms of the Interim General Report of the "Medical Planning Research" as published in the Lancet (November, '42). Proof of this is the efficiency of the teaching hospitals, medical schools, medical societies and faculties of universities where the medical board consists of the representatives of the medical staff, headed by a dean or chairman who is "primus inter pares."

The other objection is that many medical men would find no time to spare to do administrative work on top of their professional engagements. If, however, every member of the profession would be brought up to regard administrative work—at least occasionally—as an important part of his duties, this obstacle could easily be overcome. If in this manner the medical profession could achieve the same independence in self-regulation and self-administration as, for instance, the legal profession possesses already, it is my firm conviction that it would be heading towards a happy future and give the most satisfactory service to the public. This state of affairs would provide the essential requirements for any further developments whether they tend towards State Medical Service, or some other form to be agreed upon.

THE MADAGASCAR OPERATION

Dear Mr. Editor,

You will be interested to hear that Bart.'s was well represented at Diego Suarez, Madagascar. Lieut.-Colonel W. G. S. Foster, Captain J. C. Gregory, Captain R. H. Isaac, and Captain J. Paterson, all being present.

A moderately accurate account of this operation was published in the *Daily Mail*, but no mention was made of the difficulties which face medical units engaged in such an undertaking. This Madagascan expedition is not without interest, as it is no exaggeration to say that an operation of this nature and at that range is the first of its kind since the days of Wellington.

In this new game of combined operations, the role of a Field Ambulance is naturally different from that laid down in the training manuals, and a slight insight into this, and a brief description of the operation may be of interest to those about to join the R.A.M.C.

Nature of Combined Operations

The object is to land a force in enemy territory, either for the purpose of invasion, or for a raid. It is carried out by the combined efforts of the Navy, Army, and Air Force. We are about to discuss invasion only, as there is a great deal of difference in the technique employed in the two cases.

It will be observed at first sight that the very closest liaison, co-operation and good feeling must exist between the three services. Everybody must get to know each others' difficulties, as any misunderstanding or ill-feeling may easily wreck the whole plan. It is important,

therefore, to keep the whole team together over a period of training, a point which unfortunately is often overlooked.

Briefly, there are four main phases to be considered; firstly, the Royal Navy are faced with the very difficult task of conducting a convoy under cover of darkness, in strange hostile waters, sufficiently near to enemy beaches as to allow troops to land.

Having accomplished this, they then have to land the troops, still in darkness, at the right beaches, and exactly at the right time. This landing is carried out in specially constructed flat bottomed boats, which are carried in vessels converted for the purpose. As surprise is even more important in this than in any other type of operation, blackout in ships must be faultless. There can be no smoking and no torch flashing and, quite as important, the whole disembarkation must be carried out in complete silence. It is a manœuvre which calls for brilliant seamanship on the part of both "White Ensign" and Merchantmen.

The third phase is carried out by the infantry, marines, or commandos when put ashore, and consists of demolishing wire and other obstacles, silencing any coastal defence guns which may be threatening our ships, securing the beaches, and finally establishing a perimeter through which the main force can advance. All this may take a few hours or a day, depending upon the amount of resistance encountered. So far as silencing the coastal defence guns is concerned, the assistance of heavy naval guns and bombers may be required, but, until these guns have been silenced, the main body of the convoy remains at a safe distance.

The fourth phase is the landing of the main body, armed with "Bren" and "Tommy" guns, rifles and grenades, their task being to go all out for their objective, which may be 20-30 miles inland. This is closely followed by the landing of Bren-gun "carriers," tanks, artillery, and lorry loads of ammunition. Lastly, a water cart and two ambulances.

ORGANISATION OF THE FIELD AMBULANCE

On the face of it, some may wonder why a Field Ambulance must be specially organised and specially trained to deal with an operation of this type. It is admitted that once a bridge-head in enemy territory has been firmly established and that the administrative services have got well under way, the fighting will then continue on normal lines.

Here, I would like to point out that in 1941, after due deliberation, the War Office decided that Field Ambulances would have to be reorganised in order to compete with the high state of mobility, modern war had attained. Very roughly, the main alteration was to enable each company to split itself into three Light Sections of nearly equal strength as follows:—

Personnel:	1 officer and 21 others ranks.	
Transport:	Four-seater cars	1
	3-ton lorries for stores ...	1
	Personnel lorries	1

(All ambulances being held in Headquarters.)

The plan was certainly in the right direction, and rendered the unit far more mobile and flexible.

In a Field Ambulance used in Combined Operations, we have eight ambulances, but no other transport until several days after the initial landing. It is obvious that very careful reorganisation has been necessary to meet this new contingency, and that we have had to overhaul ourselves very thoroughly to find the answer.

We worked on the War Office plan on a greatly reduced scale, bearing in mind that all equipment would have to be manhandled until the end of the first day, at least. Since our personnel is also reduced, our sections now consist of one officer and 18 other ranks—three Sections per Company. In addition, H.Q. Company can provide one Light section, making seven, as well as a "Light" *Main Dressing Station*.

Each Section's equipment weighs a quarter of a ton, and they are prepared to carry it 20 miles. The weight of the Light M.D.S. is 12 cwts. and can only be manhandled up to two miles.

It must be admitted that the fittest man is not inexhaustible, and it was only after months of experiment that we eventually decided which was essential equipment and what could be eliminated. If men were overloaded, they could not make the distance, and if insufficiently equipped they would be of little use on arrival.

As we have seen, the unit is organised so as to be able to produce seven Light Sections and one Light M.D.S. so that one or two variations are possible. This leaves us with the Light M.D.S. possibly open, and two Light Sections in reserve. If not immediately required, the latter attach themselves to the Light M.D.S. and lend a hand there, at the same time taking care that their own equipment is kept entirely separate, is easily accessible and immediately ready to move.

Alternatively, these reserve Sections can combine and advance to form a miniature Advanced Dressing Station anywhere behind the leading troops until reinforced by the two ambulances which have not yet landed, but are

already loaded with equipment necessary for an A.D.S. Entirely depending upon the situation, immediately these two ambulances do land, they forthwith discharge their contents either into the M.D.S. or into the embryo A.D.S.

When the remaining six ambulances are off loaded, the unit carries on like a normal Field Ambulance, less transport and Quartermaster's stores, all of which should follow in due course.

FUNCTION OF A "LIGHT" SECTION

This differs considerably from that of a "Light" Section in a mechanised unit.

There must be the very closest co-operation between the Regimental Medical Officer and the Officer Commanding the "Light" Section. Both land very early (second or third wave) and work hand in hand throughout the operation under command of the Officer Commanding the Battalion. It is their duty to make any medical plan they consider necessary beforehand, and submit it to their Commanding Officer for his approval.

During the action the R.M.O. and his stretcher bearers should endeavour never to lose touch with battalion Headquarters, while the O.C. "Light" Section should never be out of communication with the R.M.O. This is not always easy.

As an illustration we will suppose that both medical units land together with battalion H.Q., and find themselves 4-5 miles behind the leading troops who are advancing astride a road. In their pursuit of the troops they may well meet with walking wounded, whom they will treat and direct to the Beach Section. Through these walking wounded, or from other sources, they will soon learn the whereabouts of wounded unable to walk.

Under such circumstances the R.M.O. and his stretcher bearers go right ahead to connect up with the battalion and leave the collecting of wounded to the "Light" Section. After collection and treatment of these, the Section Commander has then to decide the minimum number of men and amount of equipment he must leave behind for their maintenance. He then marshalls his men and cracks off after the battalion as fast as he can leg it.

Four miles along the road he meets the same situation, but in this case the casualties are in the hands of the Regimental Stretcher Bearers. These are immediately relieved and ordered to report to Battalion M.O. and the "Light" Section carries on as before.

In both instances the O.C. Section will send back a message giving exact position of casualties to the Beach Master, who will deliver it to the Officer Commanding the Field Ambulance when he lands. Also in each instance directing posts will be placed in prominent positions. These posts are distinctive and well known to all ambulance drivers and motor cyclists.

As another illustration, let us suppose the battalion to be held and heavily engaged. In this case, after consultation with the Commanding Officer, the O.C. "Light" Section selects a site and opens up as a normal A.D.S. though on a far smaller scale.

THE VOYAGE OUT

In all ships everything was done to keep the troops fit—with success, as the operation was to show. This is a problem which is a heavy weight on the mind of all Commanding Officers, as troops faced with a long journey in an overcrowded ship and with a prospect of very strenuous work on landing are no mean responsibilities.

We arrived at Durban, where a hectic time was had by all. "PRIORITY" of equipment for landing is obviously of the utmost importance. As an instance, in one of our previous exercises the leading infantry were running out of ammunition while office equipment and large quantities of toilet paper were being landed on the beaches.

The troops were allowed a maximum time ashore where they found the people of Durban most hospitable and in certain cases far too much so. Even so, the break in the voyage was a very welcome one.

THE LANDING AND SECURING OF BEACHES

In every case the correct beaches were found by the landing craft flotillas at the correct time. Only on one of these was there any opposition encountered. This was dealt with, and no casualties sustained by our troops.

After these successful landings the troops started their advance along the main road axis.

CONTACT WITH THE ENEMY

Only six of our men and six Senegalese were wounded during the first phase of the operation. They were all collected and placed in two separate groups under what cover there was, nothing but scrub. The most serious of the wounds was a head wound in a Senegalese who never regained consciousness, and a pneumo-thorax in one of our men, who was eventually evacuated to a Hospital Ship. The treatment in nearly every case was powdered sulphanilamide, a shell dressing, and at least half a grain of morphine. These were all left in charge of two R.A.M.C. Orderlies with water bottles, medical comforts, etc., and were seen by the O.C. Field Ambulance at about 7.0 p.m. all very peaceful. They were not evacuated to the M.D.S. until about 4.0 a.m.

After re-organising themselves, the infantry

advanced towards the main enemy position, which was a very heavily fortified line about four miles further along and on the outskirts of Antsirane.

During this advance, snipers were active and numerous, but our casualties were few.

At 5.0 p.m., having marched and fought over twenty miles of rough country in a heat, though not terrific if one were sitting in a bungalow under a fan, but quite new to the majority of the men, the infantry, supported by tanks, made a final effort to bring the battle to a decisive conclusion before nightfall.

Brigade H.Q. was established at "Robinson Hotel," a ramshackle, broken down wooden hut, extremely dirty and smelling of "must" to put it politely, but it was owned by a very hospitable Chinaman, who never ceased making tea throughout the whole of the operation.

At 11 o'clock that night the Brigadier held a conference with Commanding Officers, and issued his orders for further attack. Immediately after this conference there was a sharp burst of sniping. Six men were knocked out in half as many minutes, and were treated in a shed beside the Hotel.

MEDICAL ASPECTS OF THIS ACTION

This is bound to be extremely disjointed, and I propose to commence with a short summary of events as recorded by each Section Commander. It should be noted that all moves were made on foot, and that the load of equipment in every case was a quarter of a ton.

1. *Capt. G. C. Griffiths' Light Section.*

D. Landed at White Beach at 10 a.m. and marched to Robinson Hotel, where battalion halted at 10 p.m. Close liaison throughout the march was maintained with R.A.P., and at 4 p.m. four casualties were collected, treated and left in charge of Light Section personnel.

D+1. Battalion moved at 2 a.m., but was split so that R.A.P. accompanied one party and Light Section the other.

So far as the Light Section is concerned they marched with the companies across country. The march was slowed up owing to continuous sniping (visibility good), and they eventually reached their objective, a reservoir about five miles from Robinson Hotel, between 6 a.m. and 7 a.m. Eight casualties were collected on this journey and were placed in a hut near the reservoir.

The hut being untenable owing to small arms and mortar fire the casualties were moved into a deep gulley—rather like a natural tank trap.

Here ten casualties were collected and held, as it was quite impossible to get ambulances up, the only road being via Antsirane, which was then in the hands of the enemy.

D+2. Except for odd sniping, things had considerably quietened down and contact was made with O.C. Field Ambulance at Robinson Hotel at 11 a.m., by which time the Armistice had been declared. Casualties were finally evacuated by motor ambulance at 3 p.m.

2. *Lieut. R. G. McWhinney's Light Section.*

D. Landed at White Beach at 5 a.m. unopposed, and marched with R.A.P. to Robinson Hotel, arriving there at 7 p.m.

At 4 p.m. twelve casualties, including enemy, were collected in the area between Anamakia and Con Barriquand. These were treated and left in charge of two Section personnel.

D+1. At dawn casualties started to come in and the Light Section opened up at Robinson Hotel, being subsequently joined by Light Section A.1 and B.3, so that in reality an A.D.S. was established. The A.D.S. continued to receive casualties throughout the day, which were being evacuated to M.D.S. by motor ambulance.

At 6 p.m. this Light Section left Robinson Hotel and advanced with the battalion.

D+2. At 1 a.m. twelve casualties were dealt with, including enemy, after which there was no further incident and the Light Section marched into Antsirane.

3. *Major A. D. Davidson's Light Section.*

D. Embarked in two cobbles, one of which sank, and the other did not function. The Light Section eventually landed in "R" boats (motor boats) on Blue Beach at 6 a.m.

Landing opposed by machine-gun fire, but no casualties occurred.

The Section advanced along the main axis in the rear of the battalion, which at 7 p.m. was held up by small arms fire. The battalion sustained casualties, and while these were being dealt with, contact with the battalion was lost.

D+1. At 5.30 a.m. the Section boarded an ambulance and joined battalion H.Q. 150 yards South of Robinson Hotel. Then eventually joined up with Light Section A.2 and B.3 and were kept very busy all day.

D+2. At 5.30 a.m. a Light Section marched into Antsirane two hours behind their battalion, as the whole night had been spent in collecting and treating casualties, our own and enemy.

4. *Capt. R. H. Isaac's Section.*

D. Landed at Green Beach at 6 a.m. unopposed. Arrived at Robinson Hotel at 4.30 p.m., having established two casualty posts en route for a few sick and one casualty. Casualties were received and treated until midnight.

D+1. At 4 a.m. the Light Section moved forward with the battalion. At 12 mid-day, the Section returned to Robinson Hotel and formed an A.D.S. with Light Sections A.1 and A.2. Large numbers of casualties were received and treated throughout the day and night.

D+2. At 8 p.m. this Section advanced and joined the battalion at 10 a.m. in Antsirane.

5. *Capt. P. B. Longden's Light Section—Beach Section.*

D. Landed at Blue Beach at 1.45 p.m. and prepared to receive casualties. The first one arrived in a truck at 8 p.m.

D+1. 244 casualties were evacuated to the Hospital Ship.

D+2. The Section re-embarked at 7.45 p.m.

As will be seen everything went "according to plan" which shows that our system of training had been on the right lines. (See Appendix "A" for actual items of medical equipment carried by the Sections.)

All were unanimous that the tea and milk ration be increased and that cigarettes be added. This was brought to the notice of higher authority and has been rectified.

The operation was a very good illustration of

how Sections can work individually or collectively. Capt. Griffiths got completely cut off and had to hold casualties for 33 hours, whereas the other three combined to form a skeleton A.D.S. for the remainder of the Brigade.

So much for the "Light" Sections.

The "Light" M.D.S. did not come ashore until 4.30 p.m. Immediately on landing the C.O. on the back of a motor cycle landed for the purpose, went in search of Brigade H.Q., while "B" Company started to march up the main axis. The object of this latter manœuvre was to get as near the troops as possible and so be in a position to open up an A.D.S. if called for directly the ambulance landed.

D. 5.45 p.m. Two ambulances containing A.D.S. equipment landed. They were sent up the main axis to get orders from the C.O. He met them at Anamakia together with A.D.M.S. at about 7.30 p.m.

Both ambulances were unloaded. One went forward to the Sections to stand by for casualties. The other returned to the beach to collect as much "Light" M.D.S. equipment as possible. A "Light" M.D.S. can carry its load 1½ miles or so but not 12 miles. The personnel marched.

Given the full quota of ambulances, we had planned to open a Dressing Station on a small scale behind the line, to act as a life saving centre. Our real object being to push all cases through to the Beach Section as early as possible and evacuate them direct to the Hospital Ship. This plan could not come into effect until all eight ambulances had landed, as the front line was now seventeen miles from the beach.

D.+1. 1.30 a.m. A temporary "Light" M.D.S. was opened up about two miles behind Brigade H.Q. who were at Robinson Hotel.

Here were gathered together all the casualties from the three collecting posts, and considering the time many of them had spent in the open, their general condition says a lot for the personnel left in charge of them.

At about 4.0 a.m. the M.D.S. came under mortar fire and was forced to move back to Anamakia. Although only about five miles from Brigade H.Q. even this was considered to be too far behind the line, only two ambulances being available.

Anamakia is a fair size native village situated on the main road. Among other things it boasted a village school and a church both of which were to come in useful. The village was comparatively clean but unfortunately being on the main axis of our advance the dust was appalling.

As they arrived the casualties lay on stretchers on a slightly raised wooden verandah by the side of the road. They were classified:—

1. Treatment as ordered by the M.O. and administered by a Nursing Orderly at the time.

2. Cases for the Surgeon—these were carried up and lay in a queue outside the "Theatre," the Surgeon selecting the more urgent cases.

3. Cases for blood transfusion—these were carefully selected and transfused with dried blood or plasma. This operation was carried out by Capt. Gregory on another verandah, also by the roadside, under the most septic conditions. The results were excellent, and I am convinced many lives were saved in this way.

4. Walking wounded were attended to in a wooden hut inside the village and next to the "Theatre." The "Theatre" was also a wooden hut, but it had been uninhabited and after a good scrubbing was made reasonably clean.

The village school-room and church were taken over and converted into wards. These were soon overflowing but this did not matter a great deal as the compounds in which these buildings were situated were well away from the road and the ground consisted of hard, beaten mud.

With five Sections committed and one in reserve we were very understaffed for M.O.'s. Duties in the M.D.S. were divided between one Surgeon—fully occupied; one M.O. employed solely on blood transfusions; another M.O. seeing the cases as they were admitted while a fourth looked after the wards. The Dental Officer gave most of the anæsthetics. This does not include the C.O. who had plenty to do on his own.

12.0 noon. The A.D.M.S. paid a visit and told us to expect two more ambulances within an hour. One of these arrived at 5.0 p.m. and the remainder between that hour and midnight.

At this time, 12 noon, we held 5 officers and 84 other ranks. These were nearly all lying cases since as many as possible of the walking wounded were continually being dumped on any empty transport on its way back to the beach.

8.0 p.m. Personnel were now showing signs of fatigue. Since reveille on D. they had not stopped for sixty-four hours and most of them were faced with another night's work. There were about eighty "lying" cases in various stages of treatment and those not requiring active treatment did require careful nursing—the chief cry was for water with which we were plentifully supplied. The last operation finished at 11.0 p.m. and, I think, was done automatically by an almost unconscious surgeon.

Eight cases out of one hundred and forty died between the front line and the Hospital Ship, and only three died after embarkation.

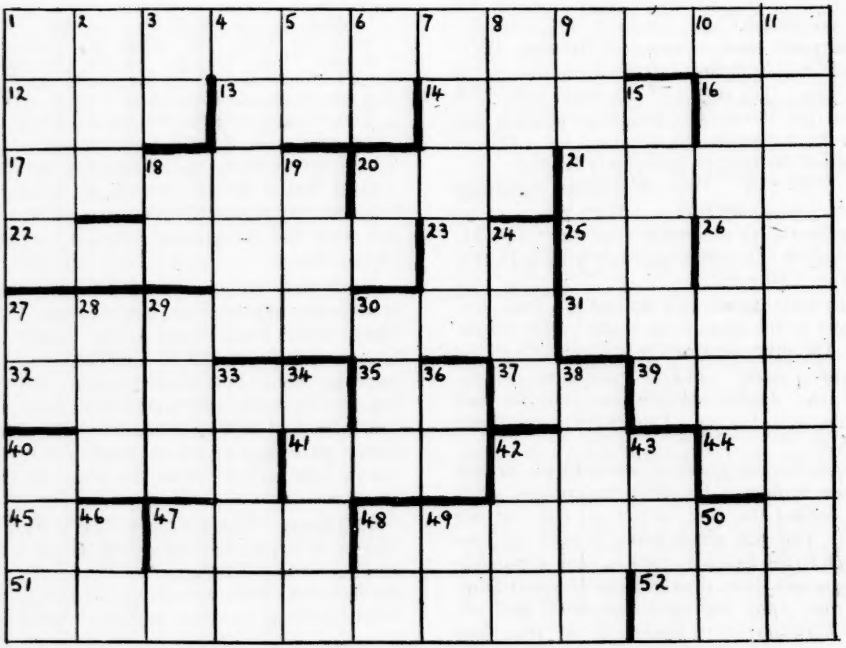
In spite of adverse conditions, the incidence of subsequent sepsis was amazingly small and we attribute this to immediate use of sulphanilamide.

D.+3. 6.30 a.m. A.D.M.S. arrived and evacuation to beach commenced.

2.30 p.m. Last patient loaded on ambulance. M.D.S. closes.

DICKENSIAN

By PETER QUINCE



All italicised clues are to be found in the works of Charles Dickens.

ACROSS

1 *This Doctor came from Moscow to Mudfog.*
12 Liberty of going out of Scotland.
13 *See 8.*
14 Invalid.
16 Is of no use after 46dn.
17 *Mrs. Plornish's father.*
20 *This Doctor confined Mrs. Dombey with Idn.*
21rev *Delivered by 34rev and 20ac rev, offered at 15 guineas, fetched £6 9s. 9½d.*
22rev *This Doctor practised in Dullborough.*
23rev *Yarmouth undertaker with 42dn rev.*
25rev *The cook supposed he had "gone after the sheep" with 19rev.*
26 Unchecked in 1ac and 22ac.
27 *This Doctor was a friend of the Maylie Family.*
31 Country lacking the reverse of air.
32rev Rhyming at the middle and end with 5.
35 *See 39.*
37rev An agamoid lizard with 50, 27dn, and 46rev.
39rev *This Doctor practised in two cities with 35 and 36.*
40 *This Doctor gave Jonas the poison with 43rev.*
41 See next.
42rev Fury with 5rev and 41?
44 See 47dn.
45 Supposing that
47rev *Old Bart's Student with Idn.*
48 *This Doctor was of the 98th Regiment.*
51 *This Doctor was descended from Morgan-ap-Kerrig.*
52rev *This Nurse was in Mr. Pocket's Family with 20dn and 45rev.*

DOWN

1 See 20ac and 47ac rev.
2 *Dr. Ginery Dunkle's home.*
3 *Did Mrs. Prig give one to 40 with*
4rev *43rev when she put soap in his mouth?*
5 See 32rev and 42ac.
6 See 29.
7 Claudius said he'd throw one in the cup.
8rev *This Doctor confined Mrs. Kenwigs with 13.*
9 *Devoted friend of II's successor.*
10rev *This Doctor confined Mrs. Dorritt.*
11 *This Doctor was always late.*
15 *Mark Tapley married her.*
18 *See 47dn.*
19 *See 25.*
20 *See 52.*
24 Variety of lignite.
28 Of no consequence after all.
29rev *This Doctor attended Mr. Bloss with 6*
30 *This chemist was haunted with 40dn.*
33rev *Said Flintwich to his wife—"I'll give you such a . . ., old woman, — such a . . ."*
34rev *With 20ac rev see 21rev.*
36 *See 39ac.*
38rev Blue based after 27dn.
40 *See 30.*
42 *See 23.*
43 *See 40ac.*
46 *See 52ac* and 37.
47 Camlet or strong worsted with 18 and 44.
48 ". . . and . . ., sang Dr. Daly.
49 Rubber packing-ring for a jar with 36.
50 See 37.

SHALL WE JOIN THE LADIES?

The Abernethian Room,
St. Bartholomew's Hospital,
London.

April 1st, 19(?).

To: Monk W. J. Harbottle,
Cell 76,
The Monastery of Shangri-Là,
Thibet.

Dear Bill,

Many thanks for your letter, telling of your safe arrival at Shangri-Là. I am sorry to hear you feel so cold around the top of your head, and that you are obliged to live on rancid butter and stewed yak, but I am sure these food contain all the necessary vitamins, and with regard to your head, if it was good enough for St. Augustine it ought to be good enough for you.

As you were one of the lucky ones who got away before the women students actually arrived at Bart.'s, you will probably be interested in the later events of the tragedy. A huge body of militant females, lead by several women M.P.'s, marched through the City to a protest meeting in Smithfield. Later, they picketed the Hospital with placards reading: "The Hand that Rocks the Cradle Rules the Ward." What could the College have done? All the same, we put up a pretty stiff fight. As we were about the last hospital to buckle down to the idea of aseptic surgery, you can be sure we didn't give way to a relatively minor innovation as this without a tough struggle.

The day the first women arrived at Bart.'s several members of the Staff shot themselves, while others hurled themselves over the brink of the fountain to a sorrowful, watery grave. Students resigned by the score. Peter and Joe went off to that monastery in Southern Ireland, and Dick and Michael are on their way to join a Band of Brothers in Portugal. In fact, the barbers around the City did such a roaring trade in shaving heads for a week several of them are now opening new branches.

If you came back to Bart.'s now, probably the first thing to strike you would be the new A.R. I liked the A.R., Bill—those firmly-padded leather sofas were about as inviting as a line of tank-traps, but they gave one a pleasant feeling of security. The old polished tables, too, in the half-light that filtered through the windows had something memorial about them. It was a place where one could discuss the topics of the day, and feel as if one's opinions really counted.

Now all is changed. It didn't take any profound knowledge of feminine nature to

realise the interior decorations would be taken as a personal affront. We now have red and yellow chintz curtains on the windows, floral covers on the settees, brocaded runners and huge bowls of delphiniums, narcissi, tulips, cornflowers and such vegetation on the tables. Disturbingly feminine magazines litter the chairs, while disturbingly feminine voices holler across the room the most disturbingly feminine intimacies. A profuse colony of powder compacts seems to have been cultured there overnight, and even the simple act of sitting down is now endangered by the lethal, unseen knitting-needle.

The Vicarage is done up in blue and gold, and, of course, we realized from the beginning the old masterpieces on the walls had about as much chance of survival as a snowball in Hell. The place is now given over to the consumption of tea and such beverages as ladies love, especially if taken with the little finger extended.

You asked in your letter how the Rugger was coming along. Well, Bill, I'm afraid to say the fifteen does not function any more, but we beat Roedean up at lacrosse last week, and we have got together quite a good basket-ball side. In fact, I am glad to have the opportunity of saying here that some of the girls we have at the moment are pretty first-class baskets.

You would probably notice a difference in your fellow-students, too. We are more neatly dressed, wear creases in our trousers and quiet ties, and are all beautifully shaved. We spend most of our time opening doors, closing doors, giving up our seats for ladies and trying to forget those wicked words we have been wont to use since our early youth.

I should have mentioned beforehand the profound alteration that has occurred in the hospital Staff. We have had for some time now only housewomen, Chief Assistantesses, etc., and as there is such a shortage of nurses and so many students have left in disgust, the nursing staff is now made up entirely of ex-members of the Medical College. You may remember the fellow who played scrum-half last year, well, I am glad to tell you he has just got his Blue Belt, while the man who skippered the side is now sister on a woman's surgical ward. Remember that good-looking chap, John D.? He has just started as a junior pro., and several of the students are chasing him already. However, I believe he is one of the type who only go around with housewomen. But one remnant of the good old days remains. The students still find it almost impossible to get a chaperone every time they want to look at a masculine patient.

Well, Bill, I am sending you a dozen tins of your tobacco, sorry to hear they only stock dried rhubarb leaf in Thibet. Don't forget to ask the Chief Lama to reserve me a nice cell, facing south, with H. & C. preferred and a Vi-spring mattress, as I expect to get along within a month or two. If you want any errands done here, I have plenty of time on my hands at the moment. I should be doing my second surgical, but unfortunately the Professor has had to cancel all classes for the next two months. She is having a baby.

Yours sincerely,

ALAN TOIS.

At *HILL END*

Recently at Hill End we have managed to revive the Soccer, much to the displeasure of the Rugger men who are afraid that it may rob them of players. In order to squash the newly formed team at its very beginnings they challenged the Soccer side at their own game. This was played on the rugger ground with the local Hockey king as referee, so you can imagine what the game was like.

In spite of the fact that they were playing a foreign game the rugger side had an extremely good idea of the game and their control of the ball was surprisingly good. A few irregularities on technique seemed to work to their advantage and the first half of the game was played in the other end of the field. This advantage was, however, nullified as they could not shoot, it appeared to the onlooker that they could not grasp the idea that the ball was meant to go under the cross bar in order to score a goal, so at half time there was still no score. After a short rest and a changeover bringing the prevailing wind in their favour the soccer side began to play more as a team and soon scored. This was a high one going just out of reach of the goal-keeper's upstretched

arms; if they had been playing on their own ground it would have gone well over the top of the posts. It is probable that the odd arrangement of the rugger side on the field had mesmerized the soccer men in the first half because they were now beginning to show a decided advantage over the rugger men; proving the superiority of science over brute force. In spite of their science, however, their plans were consistently foiled by the fear of being tackled, or of being squashed between two of the rugger side, whose average weight seemed to be about double that of their own men. However, about ten minutes before the end they scored with a beautiful long shot bringing the score to 2—0. After this goal the soccer side showed obvious signs of flagging, the rugger men who were in much better training began to overpower their superior "science." The soccer side were, however, saved from being over-run by the whistle for the end. The rugger side were very disappointed and mingled with their three cheers were cries of "More time!" but that could not be given as the soccer men were too exhausted.

On March 9th Mr. Howard Ives gave us a talk on "Medical Experiences in Labrador." He commenced by a short account of the geography of those parts and then went on to tell us of its history and its people. It was almost uninhabited until 1800 when Scottish fishermen settled on the coast. In 1891 Sir Wilfred Grenfell went out there. He saw appalling conditions of poverty and corruption induced by the exploitation of the population by unscrupulous trading companies. Sir Wilfred made it his life work to improve the conditions of these people. He started hospitals, orphanages and schools and slowly managed to bring more just treatment to the inhabitants. Mr. Ives then went on to tell of his first trip up there from college, where in spite of the fact that he was made to work like a slave, the attraction of the life, the fishing, the shooting, and above all of the example of a great character, Sir Wilfred, persuaded him to return as soon as he had qualified. On his second visit he could not go to the Grenfell Foundation but went to Twillingate Hospital, just off the Newfoundland coast. Here there was a hospital supported by a government grant but mainly by subscriptions from the island fishermen. The hospital had 125 beds so only the most acute cases could be admitted for treatment, there were two doctors working inside the hospital. There were also two doctors who could be called for by the fishermen. There was a great deal of disease amongst the poor population; Tuberculosis was most prevalent, there were numerous Deficiency Diseases, and epidemics of Typhoid periodically swept the islands. The extreme poverty and hardness of life made the attitude of the islanders to disease far removed from ours. Health was a secondary consideration to them, and must be subservient to the need for procuring a living, and sickness was not tolerated unless it was crippling. Thus the doctor did not see a case until it was far advanced.

We thank Mr. Ives for a most interesting talk, in many of us he roused the desire to go to Labrador and to work amongst the fishermen, so perhaps after the war when he returns there again he will have concrete proof of the success of his talk to us.

F. J. C.

At CAMBRIDGE

Most of the students here, when discussing their Union, bitterly complain that they know little or nothing about its activities or about what happens to their subscriptions. It is for this reason that before every meeting the secretary tells people that if they are in any way dissatisfied they should come along and air their grievances. Despite this, at the general meeting held on March 1st, only 12 students were present out of 220 in Cambridge: two of these left before the proceedings, which only lasted twenty minutes, were over. This meeting was held for the purpose of electing officers of the Junior Abernethian Society which is run by the students for the students and yet a mere five per cent. were sufficiently interested to turn

up. At this so-called "meeting" Professor Hamilton was elected president and Messrs. Levett and Peters were elected to the Committee of the Junior A.S. It was also decided that there should be a quorum of 50 at all future Students' Union meetings. Perhaps this will have the desired effect and will induce the students to overcome their apathy.

Recently the Home Guard carried out overnight manoeuvres. I may be prejudiced but my only comment is that I spent a very cold Saturday night scouring a thick wood for an enemy, who, I was afterwards informed, did not parade until Sunday morning.

The Soccer Club came second in the Cambridge University League scoring 21 points out of a possible 28. The Hockey Club beat the toughest side in the league, which consisted entirely of Varsity players, and then had the misfortune to be knocked out by a weaker team when they had only ten men playing, two of whom were injured at half-time.

The Lent races provided a thrilling spectacle and Mick G. is to be congratulated on the nonchalant way in which he trumpeted the first boat to a standstill and then hitched a lift back to the boathouse. The "bump-supper" was, I am told, a great success, but a veil (a thick one at that) must be drawn over what happened after 8 p.m. The Boat Club are now preparing for the May races in which they hope to enter three eights and it has been suggested that an eight consisting of Rugger men should be one of these.

At the time of writing, the second M.B. is imminent and as there are no original comments left to make about this soul-shaking period I will refrain from saying the obvious and instead will sign off for this month.

M. D. S.

All contributions for the May edition should reach the Journal by April the 14th.

CORRESPONDENCE

To the Editor, St. Barthlomew's Hospital Journal

Sir,

I much enjoyed Mr. P. F. Lucas' interesting article on *Centres of Aesculapius*, as a counterblast to the amusing one, *On behalf of the Illiterate*. May I make a few comments on the former? It may be accepted that I-em-Hétep or Im-Hotep was a real person, indeed "the first physician to emerge from the mists of antiquity," as Osler said. He was also the architect of the beautiful temple recently excavated at the foot of the Step Pyramid at Sakkara. Probably he was not regarded as a demi-god until Greek influence under the Ptolemies brought the worship of Aesculapius into Egypt.

I should ascribe a longer life to the school of Solerno than Mr. Lucas did. Salerno had returned to the position of a Greek colony since Justinian's conquest, and was a health resort before it became a medical school; it remained faithful to the Greek tongue and Hippocratic methods, and did not decline till the middle of the thirteenth century. But I agree that the rise of Arabic medicine was responsible for the decline. The origin of the Arabic school is interesting, as Prof. Gask pointed out to me. When the Nestorian Christians were expelled from Constantinople they fled to Edessa and then to Baghdad. Here a physician among them cured the famous Haroum-al-Raschid, who was so impressed that he set his learned men to study Hippocratic medicine. So Arabic medicine was Greek at second hand, and its first text book appeared soon after A.D. 700.

Coming to later times I am struck by the wide influence of Boerhaave of Leyden. The Roll of the Royal College of Physicians shows what a number of English physicians graduated under him in the earlier part of the eighteenth century. With characteristic English modesty Mr. Lucas says nothing of the British clinicians in the first half of the nineteenth century, *e.g.*, Bright, Addison and Gull in London, Graves, Stokes, Adams, and Corrigan in Dublin.

We have in the library of Corpus Christi a very interesting display of early scientific books, and visitors are welcome. There is a fine copy of the 1566 edition of Vesaluis, more elaborate than the original one of 1543. The illustrations are not only amazingly detailed and accurate, but also artistic, for they were carried out by Calcar, a pupil of Titian's, under the immediate supervision of Vesaluis, who, by the way, was half an Englishman, as his mother hailed from Yorkshire. There is also Malpighi's book on the microscope, dated 1681, with astonishingly complete pictures of the embryology of the chick. Also Gilbert's book on the magnet, the first modern book of physics, in which terrestrial magnetism was first described. William Gilbert, Fellow of St. John's College, Cambridge, published this in 1600, the year in which he was President of the Royal College of Physicians.

Faithfully yours,

W. LANGDON-BROWN.

To the Editor, St. Barthlomew's Hospital Journal

Dear Sir,

In the course of turning out some papers for salvage I came across the following note (trans-

scribed) which evidently comes from the Native Hospital, Singapore.

To Dear Sir. Just kindly have a few lines. Last night there were some man playing card and making noise. So one Malay man no. 60 went and report to sister, what for I dont know. So I said dont you all make noise and making report and fighting with each other. So that No. 60 came and gave me a blow on my back on the left hand side so I went and report to Medical Officer. So please kindly Let me know what for he came and blow me.

Yours honour,

SICK JAMES.

The only evidence of the nationality of the writer is in the phraseology, which is that of a Tamil.

Yours faithfully,

T. W. H. BURNE.

Four Winds,
Chesham Bois.
6/2/43.

To the Editor, St. Bartholomew's Hospital Journal

Dear Sir,

I was very surprised that you printed in your Journal the effusion headed "Look before you leap." This letter is sheer dirt without even the redeeming feature of being funny. The feeling of the vast majority of Old Bart.'s men on reading this would be one of complete disgust and not amusement. I trust that you may at least find space to publish this protest, and time to censor dirty letters in future.

Yours faithfully,

C. MARTIN-DOYLE.

Zermatt,
46, Redlands Road,
Reading.
4th March, 1943.

To the Editor, St. Bartholomew's Hospital Journal.

Dear Sir,

May I draw attention to the question of "CATS." At the present time the hospital is full of strays—one's night's sleep is frequently ruined by the wailing and screeching of a band of marauding moggies who live in the West Wing and Old Anatomy School basements. At the same time the C.C.S. seems to have been converted into a feline maternity ward, which, though humane, is hardly sanitary. Though, personally, I am fond of cats, it seems time some action was taken towards exterminating the ever-increasing population. There should be no lack of willing helpers as the "shooting of cats" has always been a popular pastime with many of the community.

Yours sincerely,

"FELIX."

West Wing,
St. Bartholomew's Hospital.
13th March.

To the Editor, St. Bartholomew's Hospital Journal.

Dear Sir,

As one of the 300 "inactive" students, I take this opportunity of replying to the letter from J. H. Gibson in the March number of the Journal.

While I agree that the number prepared to play rugby or hockey is very small, I would draw his attention to the following points:—

(1) The restrictions on travel, especially by car, and the early black-out during the winter months, have caused some to take to cycling on Saturdays in order to get away from the bricks and mortar of London.

(2) Many of those living at St. Albans, and therefore away from home, prefer to utilise their free week-ends to pay short visits to their homes or to those of friends.

(3) There are some of us who feel that "Digging for Victory" is helping our country more than gaining a victory for the hospital on the field of sport.

(4) Finally, although there may be some who merely hibernate during the week-ends, we must not forget those who are enthusiasts for the minor, though just as worthy games, such as fives, squash, swimming, golf, and the like.

I am,

Yours sincerely,

A NON-PLAYER

St. Bartholomew's Hospital,
West Smithfield, E.C.1.
March 11th, 1943.

To the Editor, St. Bartholomew's Hospital Journal

Dear Sir,

Never before have I encountered a more vain, selfish and narrow-sighted collection of men than the members of the opposition who, at a recent meeting of the Abernethian Society, voted that they did not want women medical students in this hospital.

I think there are several reasons for this, apart from the ridiculous excuses put up by these gentlemen of the medical profession.

One; it would seem that many of them are still living in a vague cloud of narrow-minded Victorianism in which a woman's place was in the home, and in which she was allowed to take no active part in current affairs or progressive development.

Two; I feel that many of them do not dare to say what is really in their thoughts—that if women were given as many opportunities as men, at least as many of them would prove to be good doctors, chemists, biologists, and so on.

Supposing this to be wrong, and man's intelligence to be generally on a higher level than woman's, as this group of doctors obviously believe. Even then, women given the same medical training as men are given at Bart.'s would, I am sure, prove to be excellent workers in the vast field of medical research. I agree that many men and women do not like being under the care of a woman doctor, but even so, after this war many doctors will have to be employed in research for which the skill of a female technician may be applied equally with that of a male.

Three; many men just do not want women at Bart.'s. They have no good reason, they only know they do not want women in *their* hospital. May I suggest that perhaps some of them are selfish enough to want to hold the profession for themselves, or are, perhaps, afraid of being put out of a job by a woman who may prove more suitable than they.

Essentially, the aim of the medical profession is, or should be, to do all it can to alleviate pain and suffering, to assist in bringing new individuals into the world and to fight disease with every available weapon. If women can be of value in this work, they should be given all possible facilities for training themselves for it. There can be no doubt in the mind of any unprejudiced man who has his eyes open to the world around him, that women, given the chance, can become, and have become, excellent scientists. This is noticeable especially in progressive countries such as Russia and the United States. Therefore, let women medical students come

to our hospital and fit themselves to assist in what should be the aim of every true doctor,— the advance of medical science. Let Bart.'s set an example to her fellows by opening her doors to women students as freely as to men.

I am, Sir,
Yours faithfully,
W. PETERS.

Cambridge.

To the Editor, St. Bartholomew's Hospital Journal

Dear Sir,

I feel bound to reply to your correspondent, Mr. W. Peters, since he has apparently failed to assimilate correctly the conclusions reached at a recent meeting of the Abernethian Society to which he refers.

This is due partly, no doubt, to impressions gained from reading a report of the proceedings—never the same as hearing the actual speakers. I was present at this meeting and followed it with keen interest. It was generally agreed by all present that the aim of this and any other form of medical education was that of producing the best doctors, and furthermore that there was no real objection to women becoming doctors; (one eminent speaker indicated that there were decided objections, but he was alone at this extreme!)

Nevertheless the unfortunate fact remains that many women doctors are universally regarded as being mediocre or bad. I allow of some brilliant exceptions and submit that a significant proportion of these are distinctly masculine in outlook and type.

The reason postulated (chiefly by women) for this state of affairs is that the teaching in women's hospitals is inferior. This reason, at the same time an admission of the facts, hardly bears close criticism. Those born brilliant will inevitably become brilliant; those mediocre and bad may be improved upon by better teaching, but at best the improvement will be small. In any case the teaching disparity between men and women's hospitals has been grossly exaggerated.

I consider the essential, and in fact the only difference which matters, lies in the divergent make-up of men and women. Women essentially and fundamentally seek marriage, though only the most candid of them would admit this (albeit a natural and reasonable state of mind). This tends to render them unstable in action and behaviour. In medicine they are constantly drifting from one job to another, when they find each holds no prospects—the prospects being marital ones.

I am prepared to face a storm of abuse on the subject of modern women and their rights in this, that, and the other. I do not deny these, anyway. I hold that the career in which women stand supreme is management of the home, and few men can compare with even a mediocre housewife in this respect. Your correspondent's despised Victorians knew this, too, and although their views were a little inflexible on the subject, yet they were based on fact. I am convinced women can do more really useful work in this sphere than in any other calling.

I admire your correspondent's sentiments in prosecuting the fight against disease with all available weapons and manpower. Nevertheless if all joined in the frenzied struggle which would inevitably ensue, other less dramatic but none the less vital functions of every-day life might easily fall into disrepair.

Lack of space prevents me from elaborating these points, but I would like to add that it is a common belief that women doctors are better suited to pædiatrics and welfare work than men. This belief is without foundation in the experience of at least two County Public Health Departments (allowing for a measure of prejudice). It is interesting to observe in passing that the main objection of both departments was the constant moves of their employees from one post to another.

The arguments of the debate all boil down to the same two facts:—

1. There is no objection to women doctors.
2. They demand the best medical education.

This latter is a powerful weapon in ruthless hands, which can hardly be discredited till women enter the hitherto exclusively male hospitals and it is too late!

Assuming these two facts, whether or not women should enter Bart.'s is a matter of personal preference, apart from existing local difficulties, which preference was clearly indicated at the meeting. There should be at least one hospital reserved for men only, and as Bart.'s is the oldest and possibly the most famous of the great London hospitals, then let it be this one. (My sympathy goes out to the others, should this state of affairs be reached.)

In conclusion, I might add that to the best of my belief, no man has yet risen and demanded the right to pursue his studies at the Royal Free Hospital.

I am, Sir,
Yours faithfully,
A. V. LIVINGSTONE.

Highgate, N.6.

BOOK REVIEWS

OUT OF WORKING HOURS, by H. Yellowlees, M.D., F.R.C.P. (Churchill, 8s. 6d.)

So few books are written by leading psychologists on topics of everyday interest, and so many by psychologists of less apparent merit, that it is a great pleasure to read a book written by one of our foremost psychologists on matters with which everyone of us is well acquainted. The author gives an early assurance to the general reader that the book is intended for him alone, and that no recourse will be had to scientific jargon. This pledge is kept throughout the book, and not once does the author lead the reader to the threshold of some crucial matter to confront him with some concept of space time or archetypal figure behind which his reasoning can rest secure.

The theme of the book is the problem of education at all stages of life, both for the reader, the reader's children, and any who may be under the reader's guidance, the views expressed being such as would have warmed the heart of Nicholas Nickleby for the school of brimstone and treacle is subjected to alternating fury and ridicule. In the early days of life, the greatest asset that any child can acquire is self confidence, not the arrogant, aggressive blustering variety that usurps the name, but quiet reasoning confidence that establishes true contact with its environment and makes an early friend of this mysterious world.

It is against those in authority, who, having no concept of this confidence, deny the very knowledge of it to their charges, that the storm of invective is directed. Listen to this father who has been questioned as to the veracity of his son. "Yes, George is very truthful. He knows he'd get a damned good hiding if he wasn't." He then added in his pleasantly robust fashion: "And I've had no trouble with this sex business, I just told him to leave himself alone or he would end up in a lunatic asylum, and there has not been a sign of it." No wonder there are people alive to-day who say, "If God is like my Father, then religion can go to Hell."

Judging from a wealth of illustrations of the erring ways of parents, it is apparent that domination over children is achieved in two ways, either by brute force or to coin a word, by spoilation.

In the latter case the child is beguiled into treading slowly the path of youth, to dally by the wayside where life is pleasant, perchance to wander back a little to savour again some past delight whose remembrance lingered sweetly in the mind.

In the former case they use such gross brutality, instil such terror into the childish mind, that headlong flight along the path of youth back to those safe havens remembered in the early days is the only course. And yet there is another type of parent, unwilling to be brutal in their own right, who invoke God on their side, and portray Him to the child as a super parent of immense wisdom with a terrible down on sexual curiosity.

By whatever method the parents choose to prevent the development of self-confidence, the result is inevitably the same, and the unfortunate child, by now probably over 20, has to face the problem of adolescence once more, either alone or with the aid of a psychiatrist.

Read in cold print the remedy for this unfortunate train of events appears so simple. Encourage the child to develop a sense of responsibility by giving it responsibility, teach it to be truthful by praising its truthfulness on every occasion, and set a good example. When these well-known precepts are no longer catch phrases, but conditions observed in the upbringing of children; then, and only then, shall we no longer hear the wail of the neurotic, "I did my best, but I only had mother as my example."

Tirading against Sister Tutors, in a manner worthy of Lucullus upbraiding his cook, the author attacks the attitude of women to authority. Authority, it is said, goes to the head of woman like wine, with equally unpleasant results, but without the compensating pleasant sensations. Women are often accused of adopting too personal an attitude towards authority, regarding any flouting of the authority they represent as a personal insult. There is an old Greek proverb which runs, "A place showeth the man: and it showeth some to the better and some to the worse."

There are some people, those not born to teach, who disappoint all expectations when raised to high office with resulting indescribable harm to their pupils. Tacitus said of one of these, "One whom all would have considered fit to rule, if he had not ruled." Others prosper in positions of great authority, relinquishing their personal liberty gladly in exchange for power to wield in the interests of truth and good. It can be said of them—like of Vespasian, "Alone of all the Emperors, he was changed for the better."

Harsh authority breeds cynicism, indifference and callousness, poor features in any individual, but dangerous in nurses.

Never does the author destroy without rebuilding, to all problems he supplies suggested answers with a refreshing lack of bias. He is no Charles Lamb, who tried most of his life to like Scotchmen, but in the end had to give up the experiment. To those who have a taste for watching the exposition of human frailties albeit kindly, written with a wit that never flags, I can thoroughly recommend this book.

LAW FOR THE MEDICAL PRACTITIONER by D. Harcourt Kitchin. The "Practitioner" Handbook Series. (Eyre & Spottiswoode, 15s.)

A book of this type has available such a mass of material that the writer is faced with a formidable task before pen is set to paper.

The author has appreciated this point fully, and experiences the reasonable hope that the book will be judged on its contents. The subject material consists exclusively of those aspects of English law which concern the medical practitioner in his everyday work—forensic pathology is omitted altogether. English law is described clearly and concisely, and this is followed by the rights and duties of Medical Practitioners. The account of the constitution and duties of the General Medical Council is well arranged; the author's suggestions for reform of this august body are interesting, and more space might well have been devoted to this subject.

The remainder of the book covers most branches of everyday medicine, pointing out the pitfalls which await the unwary with commendable clarity.

Condensed reports of case proceedings are liberally provided throughout, but it is somewhat disappointing that the attitude of the General Medical Council has been recorded in so few instances, for this is surely of considerable interest to most medical men. It is, however, an interesting and well produced work, and will undoubtedly be of considerable value to those for whom it is written. Students would be well advised to acquire a copy by one means or another, for its clarity and presentation are well worth studying.

HEALTH FOR THE YOUNG, by Lindsey W. Batten, M.B. Camb., M.R.C.P. London. (George Allen & Unwin. 176 pp. 6s.)

The time spent reading this book was time well spent. It is delightfully written, setting out clearly and concisely the author's ideas on the management and upbringing of a child. Perhaps some his ideas are unorthodox, but they are well backed up by argument, and his main theme that to keep healthy is better than any number of doctors and medicines is commendable. In fact the whole book is packed with common sense which every parent should know. The book deserves to be read widely by parents with children of any age. If the main arguments are followed, not perhaps to the letter, for we feel few parents would let their children sleep on the luggage rack in a train however much they agreed that getting used to sleeping in strange places was a good thing, much harm to the child's health will be avoided and incidence of disease in adult life will be less likely.

SPORTS NEWS

RUGGER

v. an R.A.F. XV. Home, February 13th. Won 50—6.

No comment necessary.

v. Bedford. Away, February 20th. Lost 8—6.

A good game. But for the third year running we lost by 2 points. There seemed a lack of punch all round, especially forward. Hall's absence made all the difference. As usual, they were heavy forward, and had a large share of the ball. The outsides tried to tackle high too often, with the usual result. They led 3—0 at half-time, and 8—0 shortly after, following some rather dubious work in the corner. We then had a really good open move, and A. Jones scored a try which Hawkes failed to convert. After defending for some time another movement, in which several forwards participated, ended in Hawkes scoring a try he could not convert.

Team: Gibson; Davey, Hunt, Pitman, Jones; Hawkes, Stephen; Wood, Mann, Jones, Anderson, Moore, Stephens, Wiggleworth, Corbett.

v. R.N. Engineering College. Home, February 27th. Won 9—8.

Fortune and the referee seemed to be smiling on us, and we were lucky to win. From our first movement Jones nearly scored as his opposite number was neatly floored by his own centre. Play was fast and very much to and fro, both sides using long kicks as their chief attacking move, as the defence was very sound on both sides. At half-time both sides had collected a penalty goal 3—3. The game became fast and very lively, and after a good move by Davey and Tucker, Stephen slipped over from a scrum. Hawkes was wide with his kick. Neither side scored until near the end, when they scored and converted to give them a 2 point lead. From the kick-off the forwards rushed the ball to their line, and Wiggleworth was credited with a try. Hawkes again unsuccessful.

Team: Gibson; Davey, Tucker, Pitman, Jones; Hawkes, Stephen; Jones, Mann, Hughes, Anderson, Thomson, Stephens, Wiggleworth, Corbett.

v. King's College Hospital. March 6th. Away. Won 21—5.

This was really a very poor game. The ground was hard, and the referee inept. These factors, combined with little opposition, made us play a rather carnival game. With a real effort we might have made another 50; as it was we scored 7 tries, a different player endeavouring to convert each one with little success, Anderson being awarded the prize as he actually hit a post.

v. Nuneaton. Home. March 13th. Lost 8—3.

A strong wind had a lot to do with the game. As the ball was rather light, passing became tricky. Happily we coped with it better than they did. They pressed from the start, and we spent a long and anxious time in our 25. Loose rushes and a good run by Davey took us to their end. From a scrum Gibson tried to drop a goal, though it appeared that he aimed at the corner flag, however, Hunt followed up and scored a try which Hawkes failed to convert. The rest of the half was fast, open and hard, with no score. In the second half their weight began to tell, and they kept us in our 25 while they got the ball with monotonous regularity, but could do little with it. Their first try came when a clearance kick was charged down, their captain stopping Stephens foot and the ball with his stomach, and going serenely on to score. Their second try was scored when a kick ahead bounced back into their hands. We got more of the ball in the last ten minutes, and attacked but without result.

Team: Livingston; Davey, Tucker, Gibson, Hunt; Hawkes, Stephen; Wood, Mann, Rivington, Anderson, Hughes, Corbett, Wiggleworth, Jones.

HOCKEY CLUB

v. Lensbury. Away. On Sunday, March 7th. Won 3—1.

The first half's play was fast and even, both sides' defences were strong, and neither set of forwards looked like scoring. Just before half-time the ball crossed the Bart.'s line—a fact which was overlooked by the referee—and the ball was hit up field. Mark broke through from the half-way line and scored.

Lensbury played down hill in the second half, and soon equalised, but Bart.'s attacked hard, and both Brazier and Mark scored. But for missed chances in the centre, Bart.'s should have scored more often, as not only was forward interpassing much more in evidence than usual, but also there was fine support from the halves, Goodall-Copestake, Fison, and Fyfe, whose strong play was the outstanding feature of an excellent game.

BOAT CLUB

After intensive training and abstinence by the members of the Boat Club, two eights were entered for the Lent races, the first boat being in the second division and the second boat in the third division.

On the whole the first boat put up a very good show; they rowed over on the first day, but were bumped on the two succeeding days. According to some spectators the race on the last day was the most exciting of all that day, as we were bumped when only thirty yards from home.

Contrary to expectations, the second eight rowed over on two days, but had the misfortune to be bumped on the third. Although their style was perhaps unorthodox, the crew are to be congratulated on their spirit and stamina.

The results may not be very impressive, but we have gained a great deal of valuable experience, and most praiseworthy enthusiasm and keenness was shown by all concerned.

C. M. WHITEHEAD-EVANS
(Capt. of Boats).

DEATHS

HARGER.—On February 16th, 1943, Dr. Frank Arnold Harger, aged 78, of Waltham Abbey, Essex.